



North Carolina Department of Health and Human Services
Division of Aging and Adult Services

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

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(919) 733-3983

August 9, 2007

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES AND AREA MENTAL HEALTH PROGRAM DIRECTOR:

ATTENTION: ADULT CARE HOME CASE MANAGERS AND THEIR SUPERVISORS

SUBJECT: ADULT CARE HOME CASE MANAGEMENT SERVICES BASIC TRAINING

We are pleased to offer the Adult Care Home Case Management Services Basic Training in five locations this fiscal year: New Hanover County DSS, Wilmington NC, September 5, 2007; Martin County Cooperative Extension, Williamston, October 23, 2007; Guilford County DSS, Greensboro, December 5, 2007; Land of Sky Regional Council of Governments, Asheville, February 12, 2008; and Cumberland County DSS, Fayetteville, April 15, 2008. The one-day workshop is designed specifically for staff of county departments of social services, area mental health/developmental disabilities programs and case management providers contracting with local management entities who are responsible for providing adult care home case management services.

The full day of training provides participants an opportunity to learn the policies contained in the Adult Care Home Case Management Services Manual (Volume V, Chapter IX of the Family Services Manual). The workshop will begin promptly at 8:30 AM and will end by 4:30 PM. By the end of the workshop, participants will have a working knowledge of Adult Care Home Case Management Services policy, procedures, and practice guidelines.

It is primarily directed to new adult care home case managers or those staff who have not previously received the Adult Care Home Case Management Basic Training; there is no prerequisite to this training.

Charles Williams, Adult Services Program Coordinator, will conduct the workshops. Staff may register for whichever workshop location is most convenient. Your agency may register as many persons as deemed appropriate unless space becomes an issue at a particular training site.

You must pre-register even though there is no registration fee. Refreshments will not be provided, but participants are welcome to bring their own snacks and beverages to the training event. Space is limited at each site, so **please return registration at least two weeks in advance of the chosen event**. A completed registration form may be **mailed or faxed** to Monica Nealous at NC Division of Aging and Adult Services, Adult Services Section, 693 Palmer Drive, 2101 MSC, North Carolina 27603-2101 FAX: (919) 715-0023. **On-line registration** is also available at <http://www.ncswLearn.org>. Registrants will be sent a confirmation letter, directions to the workshop site, and a list of local lodging accommodations. If you need additional workshop information, you may contact your Adult Programs Representative or Charles Williams at (919) 733-3818.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne P. Merrill".

Suzanne P. Merrill, Chief
Adult Services Section

SPM/cw

AFS-06-2007

ACH/CMS Basic Training Agenda

Morning Session	8:30 AM – Noon	
Lunch	Noon - 1:00 PM	(lunch on your own)
Afternoon Session	1:00 PM – 4:30 PM	
Adjourn	4:30 PM	

Please bring a copy of the Adult Care Home Case Management Manual (Vol. V, Ch. IX) with you.

The ACH/CMS manual is available at the Division of Aging and Adult Services on-line manuals web page:

<http://info.dhhs.state.nc.us/olm/manuals/doa/>

A printable .pdf version of the entire 60 page body of the ACH/CMS manual with the traditional page headers can be obtained by entering into any HTML section of the manual body and then clicking on the “PDF View” button located at the top left corner of the screen.

For your convenience, this link will take you directly to the pdf file:

http://info.dhhs.state.nc.us/olm/manuals/dss/afs-09/chg/achcm_1003.pdf

Printable versions of each Appendix to the ACH/CMS manual are obtained by visiting the on-line HTML version of each appendix and selecting the link offered for the pdf printable version of that appendix. Here is a link to the table of contents for the HTML version of the manual:

<http://info.dhhs.state.nc.us/olm/manuals/dss/afs-09/man/index.htm>

You may also request a soft copy of the entire manual by email: Charles.Williams@ncmail.net

Have you attended the prerequisites for this training event?
(For prerequisite information please refer to the training description)

☐ Yes ☐ No
☐ Not Applicable for this Training

First Name: _____ MI: _____ Last Name: _____

If you have ever registered for a training under a different name, what is that name? _____

"Goes By" Name: _____

Gender: ☐ Female ☐ Male

Race/Ethnicity (Optional):

☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ Mixed Race

Home Phone (please include area code):

() _____

Work Phone & Extension (please include area code):

() _____

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: () _____

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): () _____

Employment Type:

- ☐ Not applicable
☐ County DSS - Permanent
☐ County DSS - Temporary
☐ County Non-DSS
☐ Federal Agencies
☐ State Agency/Public University
☐ Private University/College
☐ Private Agency/Business

Work Type:

- ☐ Direct Client Service
☐ Line Supervisor
☐ Trainer/Staff Development
☐ Program Manager
☐ Program/Admin. Support
☐ Director
☐ Other
☐ Not Applicable

Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box
(Check all that apply)

- ☐ Adult Care Home CMS
☐ Adult Day Care
☐ Adult Home Specialist
☐ Adult Protective Services
☐ Adult Services Intake
☐ At-Risk Case Management
☐ Attorney
☐ Guardianship
☐ In-Home Aide Services
☐ Special Assistance
☐ Trainer
☐ Other

Other Roles:

Complete this box if you are **NOT** a county DSS worker

- ☐ Aging Services
☐ Attorney/Judicial
☐ Developmental Disabilities
☐ Health/Medical
☐ Law Enforcement
☐ Long Term Care
☐ Mental Health
☐ Student/Student Intern
☐ Substance Abuse
☐ Vocational Rehabilitation
☐ Other

Highest Degree

- ☐ HS ☐ Masters
☐ Associate ☐ Doctorate
☐ Bachelor

Highest Social Work Degree

- ☐ BSW/BSSW
☐ MSW/MSSW
☐ PhD/DSW

Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: _____

Date(s) of Training Event: _____

Location of Training Event: _____

If you are replacing a registered co-worker, what is his/her name: _____

If you are making up a missed training day, which day are you making up? _____